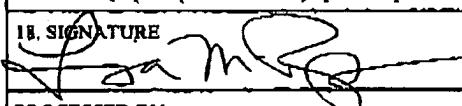


AO 436 (Rev. 12/04)		Administrative Office of the United States Courts	
CD/ TAPE ORDER			
Read Instructions on Next Page.			
1. NAME Lisa M. Penpraze, Assistant U.S. Trustee		2. PHONE NUMBER (518) 434-4553	
4. MAILING ADDRESS c/o United States Trustee Office, 74 Chapel Street		5. CITY Albany	
8. CASE NUMBER 10-12856 & 10-12431		9. CASE NAME George S. Bevins, Jr. &	
12. PRESIDING JUDGE Robert E. Littlefield, Jr.		13. CITY Albany	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		14. STATE NY	
<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	
<input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)			
16. TAPE REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which duplicate cd/tape(s) are requested.)			
PORTION (S)	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	01/13/11
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			
17. ORDER			
<input type="checkbox"/> REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND		NO. OF COPIES REQUESTED	
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND			
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND			
<input checked="" type="checkbox"/> RECORDABLE COMPACT DISC - CD		1	
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.		ESTIMATE TOTAL	
18. SIGNATURE 		19. DATE 01/18/11	
PROCESSED BY		PHONE NUMBER	
ORDER RECEIVED	DATE	DEPOSIT PAID	
DEPOSIT PAID		TOTAL CHARGES	
TAPE / CD DUPLICATED		LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TAPE		TOTAL REFUNDED	
PARTY RECEIVED TAPE / CD		TOTAL DUE	

DISTRIBUTION: COURT COPY ORDER RECEIPT ORDER COPY



U. S. Department of Justice
Office of the United States Trustee

74 Chapel Street, Suite 200
Albany, New York 12207

FACSIMILE TRANSMISSION

To: Vicki Rodriguez
Office: Bankruptcy Court
Voice No.: () - - Fax No.: 518 431 - 0192

From: Anne Marie Tunture
Office: Office of the United States Trustee, 74 Chapel Street, Suite 200, Albany, New York
Re: Bewis, # 10-12856 and Symonakis, # 10-12431
Date: 1/18/11

Fax No.: (518) 434-4459

Voice No.: (518) 434-4553

Total number of pages (including this cover sheet): 2

Message: Hello Vicki. Attached please find
U.S. Bankruptcy Court form AD-436, request
for CD/Tape order. I listed both of the
above cases on the form as they were
heard together on Jan. 13, 2011. If you have
any questions, please call. Thank you.

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